## DECLARATION/ POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
With Initial
Filing

| _ |                         |
|---|-------------------------|
|   | Declaration             |
|   | Submitted after Initial |
|   | Filing (surcharge       |
|   | (37 CFR 1.16 (e))       |
|   | required)               |

| Attorney Docket Number: | LPI-217US        |  |  |  |  |
|-------------------------|------------------|--|--|--|--|
| First Named Inventor:   | William E. Lasko |  |  |  |  |
| COMPLETE IF KNOWN       |                  |  |  |  |  |
| Application Number:     | To Be Assigned   |  |  |  |  |
| Filing Date:            | Herewith         |  |  |  |  |
| Art Unit:               |                  |  |  |  |  |
| Examiner Name:          |                  |  |  |  |  |

| l hereby                | declare that:                                                                                |                                           |                                               |                                                   |                               |                         |
|-------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------|---------------------------------------------------|-------------------------------|-------------------------|
| Each inv                | ventor's residence, mailing                                                                  | address, and citizensh                    | ip are as stated belov                        | w next to their name.                             |                               | $\wedge$                |
|                         | the inventor(s) named belon the invention entitled:                                          | ow to be the original ar                  | nd first inventor(s) of t                     | the subject matter wh                             | nich is claimed and fo        | which a patent is       |
| MUL                     | TI-DIRECTIONAL AIR CIF                                                                       | RCULATING FAN                             |                                               |                                                   | - Canada                      |                         |
| the spec                | cification of which                                                                          |                                           | (Title of the Inventi                         | on)                                               |                               |                         |
| $\boxtimes$             | is attached hereto                                                                           |                                           |                                               |                                                   |                               |                         |
|                         | OR                                                                                           |                                           |                                               |                                                   |                               |                         |
|                         | was filed on (MM/DD/YY                                                                       | YY) as United S                           | tates Application or F                        | PCT International App                             | olication Number              | <del></del>             |
| and was                 | s amended on (MM/DD/YY<br>d specification, including th                                      | YY) (if applicable claims, as amended     | e). I hereby state that<br>by any amendment s | at I have reviewed an<br>specifically referred to | d understand the co<br>above. | ntents of the above     |
| applicati<br>filing dat | vledge the duty to disclose<br>ions, material information w<br>te of the continuation-in-par | vhich became available<br>rt application. | between the filing da                         | ate of the prior applic                           | ation and the nation          | al or PCT international |
| Lhoroby                 | claim foreign priority bene                                                                  | Stoupdor 25 LL CO 11                      | 0(0) (d) or (f) or 365                        | (b) of any foreign and                            | oliantian(a) far natamt       | inventorio er elent     |

I hereby claim foreign priority benefits under 35 U.S.O. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

|           | Country F | Foreign Filing Date | Priority Not | Certified Copy Attached? |    |
|-----------|-----------|---------------------|--------------|--------------------------|----|
| Number(s) |           | (MM/DD/YYYY)        | Claimed      | Yes                      | No |
|           |           |                     |              |                          |    |
|           |           |                     |              |                          |    |
|           |           |                     |              |                          |    |
|           |           |                     |              |                          |    |

## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

| I hereby appoint:  Practitioners at Customer Number 23122 or affix Customer Number Bar Code Label here                                                                                                                                                                                                                                                                                                                                                                    |                                                       |                        |            |                 |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------|------------|-----------------|--|
| Practitioners at Customer Number <u>23122</u> or affix Customer Number Bar Code Label here  OR                                                                                                                                                                                                                                                                                                                                                                            |                                                       |                        |            |                 |  |
| Practitioner(s) named below:                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                        |            |                 |  |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                       |                        | Regi       | stration Wumber |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                        |            |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                        |            |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                        | <u>//`</u> |                 |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.                                                                                                                                                                                                                                                                                       |                                                       |                        |            |                 |  |
| Direct all correspondence to:                                                                                                                                                                                                                                                                                                                                                                                                                                             | ractitioners Customer N                               | Jumber listed above:   | ÔR         |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | rrespondence Address                                  |                        |            | •               |  |
| Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                       |                        |            |                 |  |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       |                        |            |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                        |            |                 |  |
| City: Sta                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | te:                                                   |                        | Zip:       |                 |  |
| Country: Tele                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                       | Fax:                   |            |                 |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                                       |                        |            |                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                       |                        |            |                 |  |
| Name of Sole or First Inventor                                                                                                                                                                                                                                                                                                                                                                                                                                            | A Petition has been filed for this unsigned inventor. |                        |            |                 |  |
| Given Name (first and middle                                                                                                                                                                                                                                                                                                                                                                                                                                              | Family Name or Surname                                |                        |            |                 |  |
| William.E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Lasko                                                 |                        |            |                 |  |
| Inventor's Signature Date:                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                        |            | Date:           |  |
| Residence: City: Chester Springs                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country: United States Citizenship: United States     |                        |            |                 |  |
| Mailing Address: 940 Evergreen Lane                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                       |                        |            |                 |  |
| City: Chester Springs                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Zip: 19424                                            | Country: United States |            |                 |  |
| Additional inventors are listed on the next page.                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                       |                        |            |                 |  |